

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006803

FILED
Apr 28, 2009
Secretary of State

Entity Name: ONE WAY OF MICHIGAN CARPET SERVICES, INC.

Current Principal Place of Business:

5911 MIDDLEBELT ROAD
GARDEN CITY, MI 48135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 965
INKSTER, MI 481410965

New Mailing Address:

FEI Number: 38-3607319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATENAUDE, BRYDEN
971 BROOKVIEW CIRCLE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PATENAUDE, BRYDEN
Address: 5911 MIDDLEBELT ROAD
City-St-Zip: GARDEN CITY, MI 48135

Title: VSVC () Delete
Name: DUPUIS, JASON
Address: 5911 MIDDLEBELT ROAD
City-St-Zip: GARDEN CITY, MI 48135

Title: D () Delete
Name: DUPUIS, JASON
Address: 5911 MIDDLEBELT ROAD
City-St-Zip: GARDEN CITY, MI 48135

Title: T () Delete
Name: DUPUIS, BRYDEN
Address: 5911 MIDDLEBELT ROAD
City-St-Zip: GARDEN CITY, MI 48135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON DUPUIS

VSVC

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date